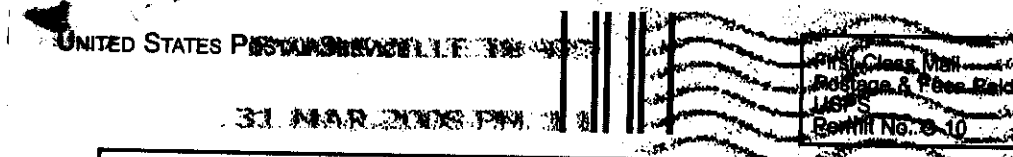


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SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DEL	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>John C. Lavanchy</i> <input type="checkbox"/> Agent B. Received by (Printed Name) <i>John C. Lavanchy</i> C. Date of Delivery <i>3-31-08</i> D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <i>08 CR 22</i>  United States District Court Indiana Southern District Court Office of the Clerk 304 Federal Bldg 101 NW Martin Luther King Jr. Boule Evansville, IN 47708-1951		31 <i>2008</i> <i>CR 221</i> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7006 2150 0005 2036 0074	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



• Sender: Please print your name, address, and ZIP+4 in this box •

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT  
219 S. DEARBORN STREET  
CHICAGO, ILLINOIS 60606

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